

Learn About Metastatic Breast Cancer

For people who have stage 4 breast cancer

Read this resource to learn:

- What is breast cancer
- What is metastatic breast cancer
- How is metastatic breast cancer diagnosed
- What are the treatments options for metastatic breast cancer

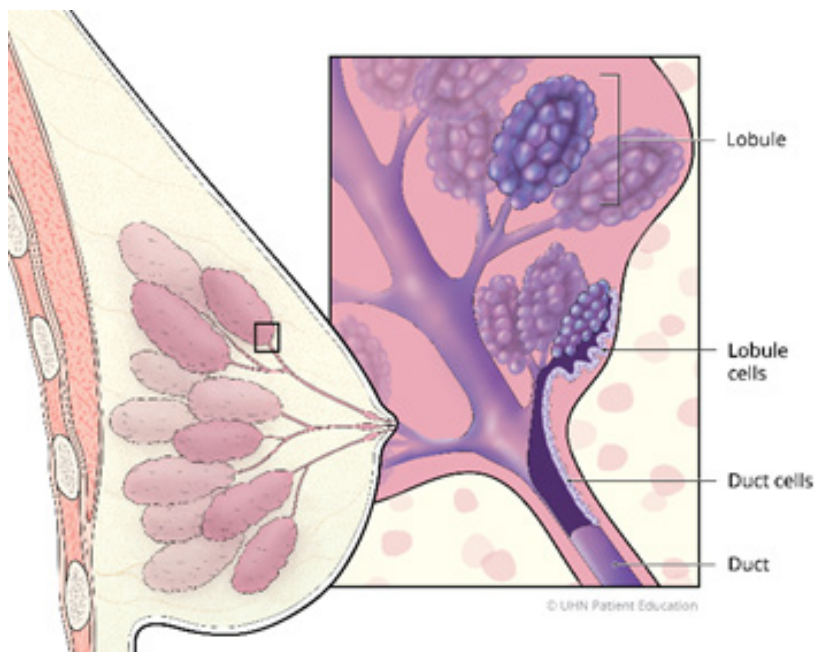


What is breast cancer?

Breast cancer is cancer that starts in the breast. It can start in one breast or both breasts. Breast cancer starts when cells in the breast start to grow and divide out of control. Anyone can get breast cancer. However breast cancer is more common in people assigned female at birth, as they have more breast tissue than people assigned male at birth.

Breast cancer can start in many areas of the breast. The most common areas are the ducts that carry milk to the nipples, or the milk-producing glands called lobules.

The structure of the female breast



The image on the left shows the ducts and lobules inside the chest where it is common for breast cancer to develop.

The structure of the male breast



The image to the left shows the ducts inside the chest where breast cancer commonly develops. People assigned male at birth do not have many lobules or no lobules in the breast tissue.

What is metastatic breast cancer?

Metastatic breast cancer is cancer that has spread beyond the breast and nearby lymph nodes to other parts of the body. It is also called stage 4 cancer or advanced cancer. When breast cancer spreads, it most often goes to the bones, liver, and lungs.

Metastatic cancer has the same cancer cells as the original or primary cancer. For example, when breast cancer spreads to the bones, the cancer cells in the bones are breast cancer cells. This is called metastatic breast cancer, not bone cancer.

There is no cure for metastatic breast cancer. However, different treatment options can control the cancer for years. Also new medicines are being tested every day. If one treatment stops working, there may be other treatments you can try.

How is metastatic breast cancer diagnosed?

Your doctor will do several tests to diagnose metastatic breast cancer. Your cancer care team uses the information to develop a treatment plan for you.

These tests can include:

- blood tests
- imaging, such as ultrasound, MRI, pet scan, CT scan, bone scan, chest x-ray
- biopsy – removes a small sample of tissue or fluid to be tested in a lab
- a “tap” – removes fluid from the area with symptoms to check for cancer cells. For example, a pleural tap removes fluid from the lung area

How is metastatic breast cancer treated?

How metastatic breast cancer is treated depends on:

- receptor status of the cancer (for example, hormone receptor positive, HER2 positive or triple negative)
- how much time has passed between your first cancer diagnosis and when it came back (if you had cancer before)
- other treatments you had for breast cancer (if you had breast cancer treatment before)
- your symptoms
- your overall health
- your goals and wishes

You and your cancer doctor (oncologist) will discuss your treatment plan in more detail. You may have one or more of these treatments.

Systemic therapy

The main treatment for people with metastatic breast cancer is systemic therapy. It is used for as long as you can tolerate it and as long as it works.

Systemic therapy is medicine that travels through the blood to destroy cancer cells all over the body. Systemic therapy includes medicines like:

- hormone therapy
- chemotherapy
- targeted therapy
- immunotherapy

When being treated for metastatic breast cancer, you may get some treatments that you have had before.

Hormone therapy

Hormone therapy is usually used first to treat your breast cancer if it is **hormone receptor-positive**. Hormone therapy stops the cancer cells from using estrogen or progesterone to grow. Most types of hormone therapy either:

- reduce hormone levels in the body, or
- block hormones from helping breast cancer cells grow

Your doctor may recommend a type of hormone therapy called an **aromatase inhibitor**. Aromatase inhibitors help reduce the amount of estrogen made in the body.

Aromatase inhibitors only work in people who still have their periods by stopping the ovaries from making estrogen. This is called ovarian suppression and can be done by injecting a medicine that turns off ovarian function. It can also be done by removing the ovaries.

Sometimes a person may not have periods, but their ovaries (the glands that produce estrogen and progesterone) still make estrogen. If your ovaries still make estrogen, you are considered premenopausal. Postmenopausal people will not need ovarian suppression because their ovaries do not produce estrogen.

Read the brochure “Learn about breast cancer receptor status and how it guides treatment” for more information about receptors and receptor status.

Targeted therapy

Targeted therapy uses medicines to target specific proteins in cancer cells.

For hormone receptor-positive and HER-2 negative cancer: CD4/6 inhibitors can be added to the aromatase inhibitor to stop breast cancer cells from dividing and spread.

For HER-2 positive cancer: chemotherapy is combined with trastuzumab (Herceptin) and pertuzumab (Perjeta) to block specific proteins that help breast cancer grow and spread.

Hormone therapy may also be used if the cancer is hormone-receptor positive and HER2-positive.

Chemotherapy

Chemotherapy (also known as chemo) uses medicines to kill or damage cancer cells. Chemotherapy travels throughout the body and targets cancer cells. For people with **hormone receptor-negative** cancers, chemotherapy is the main treatment because this type of cancer does not use hormones to grow and spread. So the cancer does not respond to hormone therapy.

You may also get chemotherapy when your cancer is:

- causing severe symptoms
- causing organ problems
- has progressed on hormone therapy

Immunotherapy

Immunotherapy boosts or helps your body's immune system to fight cancer.

For triple negative cancer (not hormone receptor positive or HER2-positive), the best treatment is:

- chemotherapy on its own, or
- chemotherapy at the same time as immunotherapy

Immunotherapy can only be added as a treatment if:

- The cancer tumour is PD-L1 positive. PD-L1 is a protein found on cancer cells that stops your immune system from attacking the cancer, and
- You do not have a severe autoimmune disease. An autoimmune disease is when your immune system attacks normal cells by mistake.

Surgery

Surgery is very rarely used for treating metastatic breast cancer. Since the cancer has already spread through the blood, surgery does not stop the cancer from spreading or help people live longer.

Radiation therapy

Radiation therapy uses high-energy rays to kill cancer cells. Radiation therapy may also be used to lessen the symptoms of cancer.

- Lessen pain from bone metastases
- Lower the risk of a bone fractures
- Shrink or control the growth of a tumour that cannot be removed with surgery. For example, a tumour in the brain or on the spinal cord
- Treat an open or wound in the breast (or chest)
- Reduce pressure of cancer pressing on the spinal cord or brain
- Reduce cancer in the lungs that may make it hard to breathe

Clinical trials

If you are in good health other than your cancer, you may want to take part in a clinical trial. A clinical trial is a type of research study that tests new treatments that may become a standard treatment. Taking part in a trial may give you access to new treatments not available to the general public. However, it may be unknown how well the new treatment works.

Ask your doctor if there is a clinical trial that is right for you. Each clinical trial has certain rules (called eligibility criteria) about who can take part.

To find out more information about clinical trials, visit:

https://www.uhn.ca/PrincessMargaret/PatientsFamilies/Patient_Family_Library/About_Clinical_Trials

Questions to ask your doctor about your breast cancer

These questions can help you think about what you would like to know after you get your diagnosis (finding the cause an illness).

- Where in my body has the cancer spread?
- What is my prognosis?
- What are my treatment options?
- What is the goal of treatment?
- How long will my treatment take?
- What are the short-term side effects of the treatments?
- What are the long-term side effects of the treatments?
- What option do you suggest for me and why?
- How long do I have to decide on a treatment option?
- What happens if I choose to stop active treatment?
- Is there a clinical trial that is right for me?

Refer to: “[My Questions](#)” for more questions you may want to ask your cancer care team

Where can I find information and support?

Canadian Cancer Society

Website: <https://cancer.ca/en/cancer-information/cancer-types/breast/treatment>

American Cancer Society

Website: <https://www.cancer.org/cancer/types/breast-cancer.html>

Cleveland Clinic

Website: <https://my.clevelandclinic.org/health/diseases/21497-metastatic-breast-cancer>

To find support, contact:

Princess Margaret Psychosocial Oncology Clinic

Website: www.uhn.ca/PrincessMargaret/Clinics/Psychosocial_Oncology

Phone: 416 946 4525

Mount Sinai Hospital's Psychosocial Support Program

Website: www.mountsinai.on.ca/care/cancer/cancers-we-treat/marville-koffler-breast-centre/support-for-breast-cancer-patients

Phone: 416 586 4800 ext. 5201

Princess Margaret Cancer Rehab and Survivorship Program

Website: www.uhn.ca/PrincessMargaret/Clinics/Cancer_Rehab_Survivorship

Phone: 416 946 4501 ext. 2363

Wellspring

Oasis Metastatic Cancer Support group

Website: https://wellspring.ca/online-programs/programs/all-programs/oasis-metastatic-cancer-support-group/Gilda's_Club

Living with Metastatic Cancer

Website: www.gildasclubtoronto.org/course/living-with-metastatic-cancer



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